M

00

	9036 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
1.	PLACE OF DEATH  a. COUNTY  NARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COVINTY b. COVINTY Chestel
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	J. d. STREET ADDRESS - Shray CURRY. ON A FARM? YES NO Z
3.	NAME OF DECEASED (Type or print)  First Middle  U	1/1901 Adams 4. DATE Month Day Year OF DEATH 8 1958
L	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mavey 1879 (ast birthday) Manths Days Hours Min.
L	o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR IN during most of warking life, even if retired)  Water of a Warking life, even if retired)	Button ve, ord le St.
L	William Adams.	14. MOTHER'S MAIDEN NAME ( Sprith.
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 10. promising of the property of the prop	Beruce A. SIMHONS
	18. CAUSE OF DEATH [Enter only one couse per lise for (a). (b). ond- (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).	Hevotic Heart Disease. Interval BETWEEN ONSET AND DEATH
	Canditians, if ony, which gove rise to immediate couse (o), stating the under-	ougensation. 440.
CERTIFICATION	vowe.	SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (4)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL	Haur a. m. p. m.  19 While Not while of work of work	foctory, street, office bldg., etc.)
	m ( D M)	thy occurred at 3 2 M, from the causes and on the date stated above  ADDRESS (Street City or town, state)  Date SIGNE
	PHYSICIAN'S PARTIE & Man	MICE I Show Mell Many lava
1.	Burial, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERS REMOVAL (Specify) 8/15/58 Hoosier Chu	-3. 0. 1
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LeCompte Funeral Service Cambridge	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

* .	HTAROF DEATH		
		оножн	
TEL STATE STATE			
			Arrest and the second second
			Commence of the state of the st
			on interprets 1 to 1 place 1. 12

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
---------------------------	-------------------------

CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY DURCHESTER MARYLAND MARULAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER AMBRITGE VRS IDMOS d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SLICO SHORE STATE HOSPITA YES NO NO EASTERN NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF DEATH (Type or print) ARIUS 1953 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Min. WED | DIVORCED 3 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY STORE LFR AC-IN GROCERU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AWRENCE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) RONCHO PNEUMONI LLSHR DUE TO THROMBO-PHLEBITIS Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not while ot work of ot work p. m. AUG 23 , 1958, that I last saw the deceased 1958, to 21. I certify that I attended the deceased from and that death occurred at 7 40 \_\_\_\_M, from the causes and on the date stated above. ACTUAL ASTERN SHORE PHYSICIAN'S RAWEGRO NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Belmont cemeter Warsa Virginia

#4a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

	and the same of th
OCT 25 CT TO THE OCT OF THE OCT OCT OF THE OCT OF THE OCT	2-10 M(2)
organia de la superioria della della superioria della sup	The second secon
1 12 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE PARKETS BY BE
-64 X43F 48 183	MALL THE RESIDENCE OF SALS
VAR-INIA USA	SKAGERY CEERN DIOSE
MORSIE CHARRE	AVERTO AND STREET
E S , SE CLARGE STA JUTARE	
	A STATE OF THE STA
entermoral and the second of the second	20. 1 gridly that I arrecall the diseasest for 1910 2
THE CONTRACTOR STATES AND ADDRESS OF THE PARTY OF THE PAR	
provide the property of the pr	a deciporated kinds strength
	CHARLE WATER OF CHARLES
and the state of t	

VS A15 (4) 15M 9/55

M

00

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 9025

Reg. Dist. No. 09026

0.	ACE OF DEATH COUNTY	h		٨	AARYLAND	2. USUAL o. STAT	RESIDENCE (	1100	d lived. If instit b. COUN	TY _	chester	C
Ь.	CITY OR TOWN (II	hoster Co- routside corporate limi	ts, write	c. LENGTH OF	STAY IN 16	c. CITY			rote limits, write		4	
	Cambrida			39 yea	ars.	1/3	Cambr	idge.				
d.	OR INSTITUTION	AL (If not in hospital, g		address)		d. STR	EET ADDRESS				0	RESIDENCE
-		Relvedere A	ve.				308 Be	lvedere	Ave.		YE.	S NO D
D	AME OF ECEASED	Fir	st	M	iddle	В	Lost	4. DATE OF	- A	Nonth	Day	Year
(1	ype or print)		avde	M		ento	n.	DEATH		-8	31	1958.
5. SE	х .	6. COLOR OR RACE	7. MARR	NEVER M	A RRIED	8: DATE OF	BIRTH		9. AGE (In year last birthday	() Months		INDER 24 HRS.
	M.	White	WIDOWI	ED DIVO	ORCED 🔲	3/	10/189	0.		rs.	Doys Ho	ours Min.
100.	USUAL OCCUPATIO	N (Give kind of work a	done 10b.	KIND OF BUSINE	SS OR INDU	STRY   11. 811	THPLACE (SIG	ote or fareign c	ountry)	12. C	ITIZEN OF W	HAT COUNTRY?
	Meat Sal		1	Corkhill	39 ve	ars. M	arylan	d.		T	J.S.A.	
13. F	ATHER'S NAME						HER'S MAIDEN				910 6220	
	William .	. Benton.										
15. V		IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	r NO. 17. I	NFORMANT			Cambrid	ddress Me	-7	
1	no, or unknown) (	If yes, give wor or dates of si	ervice) .		,	$M_{rs}$	Cloude	Pontor				
	0.	NO		L2-037550		TTS	olaude	Dentor	. 308 E	eTrede		
		TH [Enter only one co TH WAS CAUSED BY:	use per lii	ne for (o). (b) and	(c).		0, 1	/	.1.0 -	7		AND DEATH
		IMMEDIATE CAUSE (6	)	1	ren	NAC	cent	un	your	us	21	money
	002X	DUE TO		- 1			11.	AX			12	
	Conditions, if or			4	mo	m	Hear	メリ	Locus	2	1	yos.
	gove rise to in couse (o), stoting t			1	()	0	+		0	1	11/2	
	lying couse lost.	(c	)	110	Mu	nein	1 1	wer	www	1	7/0	yps.
18	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TER	RMINAL DISEAS	E CONDITION (	GIVEN IN PA	RT 1(a) 19. W	AS AUTOPSY
CATION												RFORMED?
	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (Enter not	ure of injury	in Part I or Par	t 11 of item 18.)			0
CERTIF	IF EITHER, NOTIFY	CAUSE OF DEATH										
	Oc. TIME OF INJURY	Month, Day, Yes	or 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJU	JRY (Home, fo	orm, 20f. (City	or town)		(County)	(State)
MEDI	Hour o.m.	19	While	Not while	n fo	ctory, street,	affice bldg.,	etc.)				
					127	10	57.	9/1		7-		
	. 6	at I attended the	deceas		1-2-1	, 19_	) (s, ta_			,that I	last saw t	the deceased
	alive on	1-1-	199	and i	that death	accurre	at 7				the date s	tated abave.
	CTUAL (		14	0	. /			ADDRESS (S	treet, city or tow	n, stole)	0	PATE SIGNED
	ACTUAL SIGNATURE	myeme	IN	anjon	V	M.D	/	267	966	ノナ・	7	12118
	PHYSICIAN'S L	-dwren	(e	Mar	yano	v MI	D	Ca	mbri	926	md	
220.	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF	CEMETERY O	R CREMATO	RY	22d. LOCA	TION (City, town	n, ar county)		(Stote)
	REMOVAL (Specify)	9/2/5	8.	Dorche	ster M	em. Pa	rk.	Camb	midge.	Mamrl	and	
	UNERAL DIRECTOR'S			ADDRESS				EC'D BY REGIST		GISTRAR'S S		
-	- Commta	Funeral Se	rvice	e. Cambr	idge,	Md.	DATE	SEP 3	187.0		S. Frans	
	e compre	- mierar oc	-				DATE				AL. TURNA	4

# SUSS CERTIFICATE OF DEATH ALL DATE HAVE BEEN ALL AND ASSESSMENT OF THE PARTY OF THE world the second A TOTAL PROPERTY OF A DAY OF The second section of the second section is a second section of the second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the seco

A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

26		CERTIFICATE OF DEA		Reg. Dist. No. 0902
		2. USUAL RESIDENCE (Where deceased lived.	If Institu	

1.	a. COUNTY					2. USUAL RESIDENCE (V	Vhere deced			ence be	fore admi	ission)	
-	Dore	Maryland Dorchester											
	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	• RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	Cambridge			None		X Bishop's	Head						
				nospital, give street address	)	d. STREET ADDRESS						A FARM?	
	Cambridge	Maryland H	ospi	tal (D.O.A.)		None					YES	NO	
3	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Y	eor	
	(Type or print)	Lybrand		M.	Br	amble	DEATH	Aug	ust	20	1	958	
5.	. SEX	6. COLOR OR RACE	7. MAR	RIED THE NEVER MARRIED	8. (	DATE OF BIRTH	11-11	9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.	
1	Male	White	WIDOW	VED DIVORCED	D	ec. 12th. 18	887	70 yrs.	Months	Days	Hours	Min.	
1	Ob. USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or fareign	country)	12. CIT	ZEN O	F WHAT	COUNTRY	
	during most of working Waterman	g life, even it rented)		Sea Food		Maryland				U	S.A		
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME		-				
	Thomas Bra	mble				Medora	Murph	ıy					
1	5. WAS DECEASED EVE			6. SOCIAL SECURITY NO.	17. INF	ORMANT	-	Addresa					
1,	Yes, no, or unknown) NO	(If yes, give war or dates of		215 14 3953	Mr	s. Zula Bran	nble (	Wife) Bi	shop	s He	ad.	Md.	
F	18. CAUSE OF DEAT	TH [Enter only one can	se per lir	ne for (o), (b), ond (c).							TAND DE		
		H WAS CAUSED BY:	C	oronary Occlu	usio	n					5 Mi		
	IMMEDIATE CAUSE (6)  DUE TO												
	Arterio-scleratic Cardio-wescular Ponel Discose 12												
1	gove rise to immed	liote cause	-EU	1 00110-00101	0010	oar aro-vas	Julai	Renal Di	90000				
	(o), stating the u		Δ.	rterio-sclero	neie					0			
1		ER SIGNIFICANT CON		CONTRIBUTING TO DEATH			NIAL DICE AS	E CONDITION OF	(EALIAL DAD	7.1(-)	0 14/46	ALITOREV	
FICATION	S PART II. OIII	ER SIGNATIONAL CON	DITIONS	CONTRIBOTING TO DEATH	BOTAC	I KELATED TO THE TERMI	INALDISEAS	E CONDITION GIV	EN IN PAR		PERFO	RMED?	
V V	20g. EXTERNAL CAU	ISE MAS IN	A DECCE	INC. HOW INTEREST OFFICE	SED IE						YES	NO D	
CEDT	PRIMARY OF CON	TRIBUTING [	D. DESCR	18E HOW INJURY OCCURS	ED. (Enl	er noture of injury in Port	l I or Port II	of item 18.)					
			ar 20d	I. INJURY OCCURRED   200	e. PLACE	OF INJURY (Home, form	20£ (Cit	y or town)	ICo.	unty)		(Stota)	
MEDICAL	Hour o.m.		W	ile _ Not while _	factor	, street, office bldg., etc.	)	,	100	,,		(51010)	
3				work ot work	- l	hald an Adam		. 5					
				remains described		. —		nspection 📆		y I	, and	find that	
	death resulted	from: Natural	causes	Accident ,	Suici	de ∐, Homicide	∐, U	ndetermined of	ause _				
	ACTUAL	011.10.	-	21 /1/20	11						DATE S	IGNED	
	SIGNATURE	carrag	21	T. OVOG	7	M.D. CHIEF MEDICAL EX							
4	EXAMINER'S			//		ASSISTANT MEDICA		**					
	NAME (Type) EI	dridge H.				DEPUTY MEDICAL	EXAMINER	<b>#</b>					
2	20. BURIAL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)	
L	Burial		58	Dorchester	Mem	orial Park	Ce	mbridge,	Md.				
23	3. FUNERAL DIRECTOR			ADDRESS			D 8Y REGIS		STRAR'S SIG	. 1.1			
	Lecompte	Funeral Se	rvic	e, Cambridge,	Md.	DATE A	UG 2 8	58	rthun S	. Tha	W.A.		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter depth. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, on the funeral director. Page 4 should be forwarded to the Chief ical Examiner's Office along with form PM3. Page 5 may be writed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial peremption,

計

VS. A15ME(5) 5M 9/55

or removal.

	S CERTIFICATE OF DEATH	SEDICAL BY AMINER	1 8886
TO THE SECRETARY OF THE SECRETARY			
		The state of the Paris I	
		Drive the Soulistee	
		Dynamic Distory	
4	The transport of		
			The second second
. G. a			
		Maria and America	
	To find the other of the		7401
		of the street of	
		A PARAMETER STATE OF THE STATE	
	Park Laborator		Man Ton Street
and rates (2004 mill)			
			THE PROPERTY OF
, , ,	and the latest of the	Committee wit	
			none of sale

VS A1S (4) 15M 9/55 M

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

000	CERTIFICATE	OF	DEATH
027	CERTIFICATE	OF	DEATH

Q

Reg. Dist. No.

<u>_</u>		UUGE								Keg. Dist	, No.	
1	PLACE OF DEATH				11 0	SUAL RESIDENCE	(Whe	re deceased	lived. If institution	ın: Residence	before o	admission)
1		Dorcheste		MARYLAN		Mar	vl.	and		Dor	ches	ster
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					CITY OR TOWN	(If ou	tside corpo	rote limits, write RI	JRAL and gi	ve neares	t town)
L	Cambri	dge		55 Yrs	1/5	Cam	br	idge				
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	address)	d	. STREET ADDRES					е. І	S RESIDENCE ON A FARM?
L	431 Hi	gh Street	,			431	H	igh	Street			ES NO X
3	NAME OF DECEASED	Fin		Middle		Lost		4. DATE	Mon	h	Day	Year
	(Type or print)	Mamie	9	Davis		Chase		DEATH	Aug		14.	19 58
5	. SEX			RIED NEVER MARRIED	8. DAT	E OF BIRTH			9. AGE (In years last birthday)	-		UNDER 24 HRS.
	Female	Negro	WIDOWI	ED DIVORCED	M	av 15.	18	60	98 yrs.	Months [	Days H	lours Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	lone 10b.	KIND OF BUSINESS OR IN					ountry)	12. CITIZ	ZEN OF V	WHAT COUNTRY?
	House	ing life, even if refired) ກຳຕິດ		Housewife		Baltim	101	e. M	d.		US	Α
13	B. FATHER'S NAME			110dbcw_r_c	14.	Baltim MOTHER'S MAID	EN NA	AME	4		0,02	-
		Eli Day	710				Λm	anda	Davis			
F 13	. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORA	AANT	Am	anua	Addr	ess		
Ľ	res, no, or unknown) (	(If yes, give wor or dates of se	ervice)	None	Jos	eph Cha	se	. Ca	mbridge	Md.		
			use per li	ne for (a), (b), and (c).]				5.				AL SETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Arterioscle	erot	ic Hear	t	Dise	ase		ONSEI	AND DEATH
	420.0	DUE TO										13043
	Conditions, if or	ny, which ) (b)		Cardiac De	comp	ensatio	n					
	gave rise to in	mmediate (		002								
	tying cause last.	the <u>under-</u>										
12	PART II. OTH			CONTRIBUTING TO DEATH	BUT NOT F	RELATED TO THE T	ERMIN	IAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. \	WAS AUTOPSY
MOUTACIDATION												PERFORMED?
OTIES	20a. ACCIDENT WA	S UNDERLYING CONTROL	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Ente	er nature af injury	y in Po	art I or Pari	III of item 18.)			
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yea			PLACE O	F INJURY (Home, treet, office bldg.	form,	20f. (City	or town)	(Ca	ounty)	(State)
197	Hour a.m. p.m.	19	While at wor	k at while	luciony, s	ireer, office biog.,	, elc.)					
	21. I certify the	at I ottended the	deceas	ed from Augus	t 11	.1958 to	Au	gust	14,1958	that I lo	st saw	the deceased
	alive on Aug			8 and that dec								
	/	NAL	7	C					reet, city or town,		e duie	DATE SIGNED
	ACTUAL SIGNATURE	14/10	222	ell	MD	227 I	Pin	e St	-Camb.,	Md.	8.	-17-58
		1							***************************************			
	PHYSICIAN'S NAME (Type)	J. Edwin 1	rass	ett, M.D.								
2	20. BURIAL, CREMATION	N, 22b. DATE THEREO	f	22c. NAME OF CEMETER	OR CREA	MATORY		22d. LOCAT	ION (City, town, o	r county)		(State)
	REMOVAL (Specify)	8/17/19	958	Waugh Cer	nete	rv		_		Mary	lan	d
2	FUNERAL DIRECTORY		/	ADDRESS				BY REGIST	RAR 24b. REGIS	TRAR'S SIGI	NATURE	49-19-1
1	nerkers	MAHU	us	& Cambrio	dge.	Md DATE	A	UG 2 5	'58 C	irthun S	. Krou	4
-				The second second second second								

and the state of		ADDITION OF THE STATE OF THE ST	
			19
	out at our color to some media		
until mig else out 1268		A Country of the second of the	
	English Trans		

No.

I

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9038

CERTIFICATE OF DEATH

09029

				Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh			pefore admission)
WINKER Dorchest	er MARYLAND	Mary	land °.	COUNTY Wicon	nico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limi	its, write RURAL and give	nearest town)
Cambridge	5yr.5mo.17da.	Sali	sbury	221	2.2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Eastern Shore State	Hospital	Pine	way		YES NO 🖾
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
(Type or print) Millard	Edward	Coffin	OF DEATH	August.	1, 1958
5. SEX 6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH	9. AGE	(In years IF UNDER I Y	EAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED X	3-16-95	last t	birthdoy) Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEI	N OF WHAT COUNTRY
during most of working life, even if retired) Salesman	010	Maryland		II.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Edward Coffin		Lillie	Alice Wel	le	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMANT		Address	
(If yes, no. or unknown) (If yes, give wor or dates of service)  Ves World War I 19	8-09-0547	RECORDS. East	rold H.	State Hospi	rother)
18. CAUSE OF DEATH   Enter only one couse per line	e for (a), (b), and (c).	Northwoo		Salisbur	MERVA! HETWEEN
PART I. DEATH WAS CAUSED BY:	eart Failure				ONSET AND DEATH
350 X DUE TO	TOTAL OF THE STATE OF				
Conditions if now which \	conchopneumoni	a			
gove rise to immediate (DUSTO					
lying couse lost.	kinson's Dise	ase -Post Epi	demic Enc	ephalitis	Sev. years
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART 1(	) 19. WAS AUTOPSY
H9 1V					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of ite	em 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town	1) (Cour	nty) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	Not while for	ctory, street, office bldg., etc.	.)		
		20 Tan E2 . A	inning to	20 TO	
21. I certify that I attended the decease		ry 1819.53, to A			
alive on August 4 1958	and that death	occurred at 9:12	ADDRESS (Street, city		date stated above
SIGNATURE Simon Viv	200			101	8-1-58
SIGNATURE STYNOOG OV	nuy	M.D. E.S.S. Hosp	ital, Camh	ridge, Md.	0-4-50
PHYSICIAN'S NAME (Type) Dr. Simon Virkutis			- 4		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL PRINTED	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote)
REMBURTED Aug. 6.58.	ODD FELI	LOWS CEM.	MILLSB	ORO. DELAV	VARE.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIGNA	TURE
Holloway & Co. Sal	isbury, Mar	yland.	10 6 158	Red	1.

VS A15 (4) 15M 9/SS

03-134,14 1 - 4 - 0 Enrold T. Morring, (Sports . Al List, sent Milys, Sentenberg, al I. more than the control of the control nollower, wind leading, or whysland.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09030

		U	U	C	4
DO.	Dist.	No.			

1.	PLACE OF DEATH	Dorchester		MARYL	AND	2. USUAL RESIDENCE (	Where decsa	sed lived. If Institution b. COUNT		
	b. CITY OR TOWN (IF and give negrest town)	outside corporate limits, write	RURAL	5 MO.	N 16	e. CITY OR TOWN (I		porale limits, write	RURAL ond g	give nearest lown)
		hore State		ospital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Josepl		James C	onne	Lost P	4. DATE OF DEATH	Augus		Poy Year 8
	Male Male	White	WIDOW			Jan. 28, 18	87	9. AGE (In years lost birthday) 77 yrs.	Months De	YEAR IF UNDER 24 HRS. Days Haurs Min.
	during most of workin  Carpente  FATHER'S NAME		done 10b	KIND OF BUSINESS OR IF Building		Ireland  14. MOTHER'S MAIDEN	NAME			I-S.A.
15	Joseph Co	nner Er in U. S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO.	17. INF	Matilda M	orriso	Address		
	No No	(If yes, give war or dates of		-	Re	cords E.S.S	. Hosp	ital C	ambride	ge, Md.
	PART I. DEAT	TH [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (c)	(	e for (o), (b), ond (c).] Coronary occ	lusi	on				INTERVAL BETWEEN ONSET AND DEATH LIBBRAIL
	Conditions, if an gave rise to immed	liate couse		Arteriosclere	otic	C-V. Disea	se			3
NOIL	PART II. OTH		DITIONS	CONTRIBUTING TO DEATH		T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.			brain syndrom		er nature af injury in Pa	ert I or Part II	of item 18.)		TES NO PA
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Month, Day, Yes	W			OF INJURY (Home, for y, street, affice bldg., ele		y or town)	(Coun	(State)
		fram: Natural		remains described  Accident ,		e, held an Autap de 🔲, Hamicid		nspection K		, and find that
	ACTUAL SIGNATURE	Jan	-	murce	2	M.D. CHIEF MEDICAL E	_	_		DATE SIGNED
1	EXAMINER'S NAME (Type)	John	Mace	Jr.		DEPUTY MEDICAL				8/23/58
27	a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	8-26-	58	MT. MON	RY OR C	1 CEMTY	PH	ATION (City, Iown,	or county)	ZENNA (Store)
23	Victor 7	S SIGNATURE	7	STILL PONL	), /		AUG 2 6		Istrar's SIGN	

VS. A15ME(5) 5M 9/55

ar removal.

100 Z September 1 The second second to the second second . . . and the continued of th PARTIES CONTRACTOR OF THE PARTIES OF Besideki , 1-0 chenya Mandenses 

CERTIFICATE OF DEAT
---------------------

	3028		CERTIFIC	CAII	E OF DEAT	III		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	rchester C	0-	MARYLAN	11	USUAL RESIDENCE (	Where decease	d lived. If instituti b. COUNTY		ches		
b. CITY OR TOWN (III RURAL ond give ne	autside carporate lim		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (		rate limits, write f				
Cambridge			Life	1/-	Cambri	dge.					
	AL (If not in hospital, g	give street	address)	1	d. STREET ADDRESS	ocust S	t.			ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fi	rst	Middle	- II	Last	4. DATE	Mar	nth	Da	-	Year
(Type ar print)	An	nie	Warre	n	Creight		- 8			13	19 58
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH	1112:-	9. AGE (In years last birthday)		-		ER 24 HRS.
F.	White.	WIDOW	ED TO DIVORCED		6/11/1878.	100	80 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	ate ar fareign c	auntry)	12. CI	TIZEN O	F WHA	T COUNTRY
Housewife	ing life, even if retired	9	NONE.		Marv:	land		TT	S.A		
13. FATHER'S NAME			MOME	14	. MOTHER'S MAIDEN			1 0	e D e H	•	
TT: 77 2 T	25 7.3										
IS. WAS DECEASED EVER	Robbins.	CECO II	COCIAL SECTIONAL NO. 11:	7. INFO	Mary Jar	ne Cook	Add				
(Yes, no. or unknown)	If yes, give wor or dates of t	rervice)						1622			
NO .	NO e		NONE	Edn	a Robbins	12Glas	gow St.	Cambr	idge	Mo	1
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a) (b), and (c).]			1/					ETWEEN DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	.)	( arres	11	ma 1	Vitas	nach		Ka	M	05
1514	DUE TO	-			1				1		"
· Canditians, if ar											
gave rise to in	nmediate								-		
cause (a), stating t	he under-										
lying cause last.	) (<										
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	iditions <u>(</u>	CONTRIBUTING TO DEATH I	BUT NOT	RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS PERFO YES [	DRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury i	in Part 1 ar Par	t II of item 1B.)				
20c. TIME OF INJURY Hour a. m. p. m.		or 20d. II	NJURY OCCURRED 20e.	PLACE (	OF INJURY (Hame, fa street, office bldg.,	erm, 20f. (City	ar tawn)	(	County)		(State)
p. m.	19	at war				01					
21. I certify the	at I attended the	deceas	ed fram. 4/10		, 19 /., 10	0113	1955	.,that I	last sa	w the	decease
alive an	10113	, 19	and that dec	ath ac	curred at // 30	ASM, from	n the causes	and an t	he dat	e stat	ed above
	77/ 71	3	0		/	ADDRESS (S	treet, city ar tawn,	state)		0	ATE SIGNE
ACTUAL	16-13		Trange	2 MD	104	40 C	150	74		81	141
PHYSICIAN'S NAME (Type)	V.HH	AA	SKS		CAO	4BR	1765	- 4	1 d		15
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	OF	22c. NAME OF CEMETER	OR CR	EMATORY'	22d. LOCA	TION (City, town,	ar caunty)		(Sta	te)
Bunial  23. FUNERAL DIRECTOR'S	8/15/	58.	Cambridge	Ceme			ambridge	STRAR'S SI	0.145145	Mo	1.
						AUG 1 9		Inthur	0 10	0	
* 4	1 77 7	0	-i Camboni d	an M	C DATE	011111	301	Service A Charles	mile I W		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 hpletely filled in by the funeral directar, ers. Pages I and 2 shauld be filed with may be retained by the hobital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page 3 should be detached for use as the burial-transit permit. Then please remove carbon the registrar prior to burial, cremation, or removal, and in any event within 72 haurs pler d

H

'And

The state of the s

Chapter simples

0 VS A15 (4) 15M 9/55

HOSPITAL may be retain 5 FUNERAL 1 page 3 shaul

0

with

filed

9

should

the

2.

filled

plei

Out

tending 2

p permit. any

gned

affending

puo

burial-transit physicia

S

should

he registror

2067224XV2

a

remove '72 hours

22

death. erol

The second second			1059
	Main Annual Annu		
		T Charles Charles	
			The Wall-
	Trust To		
w .			
	A SOUTH AND THE SERVICES		T AUGUS
			No. of the Parties
	Andreas Services		
	ADMINISTRAÇÃO DE ACTUAL DE SENSE DE LA COMPANSION DE LA C	Ne construction (construction)	The suppose reported artists at the same of the same o

BE SEOMITIAGE THE DESIGNATION OF HEALTH ADDRESS TO

### FOR STATE IEALTH DEPT.

execute the certificate, wirely the word "pending" in pencil in Item 18. Give 4 should be forwarded the Chief Medical Examiner's Office along with farm TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fileor its designated agent, prior to burial, cremation, or removal, and in any even 10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 ho VS. ATSME

5M 2/57

1	IE	A	LT	H
20	9		Ŧ,	
60	0	Si,	To	and within 72 hours offer death.
9		9	I	1
SOF	010	OU	10	6.81
Ces	7	27 7	red	-
ne	9	fe	300	
1.5	ero	ned	6)	, ci
0	Fun	O	Sio	00
ď	6)	5	0	-
any	-	å		offe
Name desire	5	107	# in	75
è.	X	E	5	100
e o			3	2
P	2	Po	0	6
ffe	47	~	52	ith
5	96	×	29	>
2	4	-	4	C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARP

	W 2. W			Reg.	Dist. No.
1. PLACE OF DEATH	orchester	MARYLAND		there deceased lived. If institution: Resinand b. COUNTY	orchester
and aive pearest town	outside corporate limits, write #UF	c. LENGTH OF STAY IN 16	11	outside corporate limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITA Bobt		t in hospital, give street address)	d. STREET ADDRESS Bobt	town	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Bertha	Middle Lulu	Elbert	4. DATE Month OF August	Doy Year 15 19 58
5. SEX Female	9.7		May 1, 1884	9. AGE (In years lost by theory)  August 2 yrs.  IF UNDE	ER TYEAR IF UNDER 24 HRS.  Days Hours Min.
	g_life, even it refired)	106. KIND OF BUSINESS OR INDUSTI			U.S.A.
13. FATHER'S NAME James	Atkinson		14. MOTHER'S MAIDEN N Harriett (	1 · · · · =	
	ER IN U. S. ARMED FORCES (If yes, give wor or dotes of service		dgar Elbert,	Hurlock, Maryland,	R.D.
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Ty, which liste cause  (b)	er line for (a), (b), ond (c).]  Myocardial f  Hypertensive		Se.	INTERVAL BETWEEN ONSET AND DEATH  1 hr.
PART II, OTH  20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.				NALDISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	STRIBUTING []	ESCRIBE HOW INJURY OCCURRED. (E.	nter nature of injury in Port	Tor Fort II of Item 18.)	
20c. TIME OF INJUR Hour g. m. p. m.	Y Month, Day, Yeor		CE OF INJURY (Home, form ory, street, office bldg., etc.)		County) (State)
	resulted from: Not	urol causes . Accident [		AL EXAMINER	· ·
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Aug. 17,19			22d, LOCATION (City, team, or county) Near East New Mar	ket, Md.
J.J.Frampt	om and Son,	Federalsburg, Mary	lang	D BY REGISTRAR 246. REGISTRAR'S S IG 2 0 158 Carthur 2	

ST DECAMED AS A STATE OF THE WINDS AS TO SEE A STATE OF THE SECOND STATE OF THE SECOND

TETALER DO STADELIGID EVERTIMANEUA SIGENI.

WOOD AND THE PROPERTY OF THE PARTY OF THE PA THE RESIDENCE OF THE PARTY OF T The property of the second was been and the second was second as the second was second with the second was se

etely filled in by the funeral director, Poges 1 and 2 shauld be filed with

is certificate has been signed by the attending physician and c use os the buriol-transit permit. Then please remove carban pa

or offending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

69034

9041	CERTIFICATE	OF DEATH

Dan	Dist.	MI-
NEU.	DIST.	140

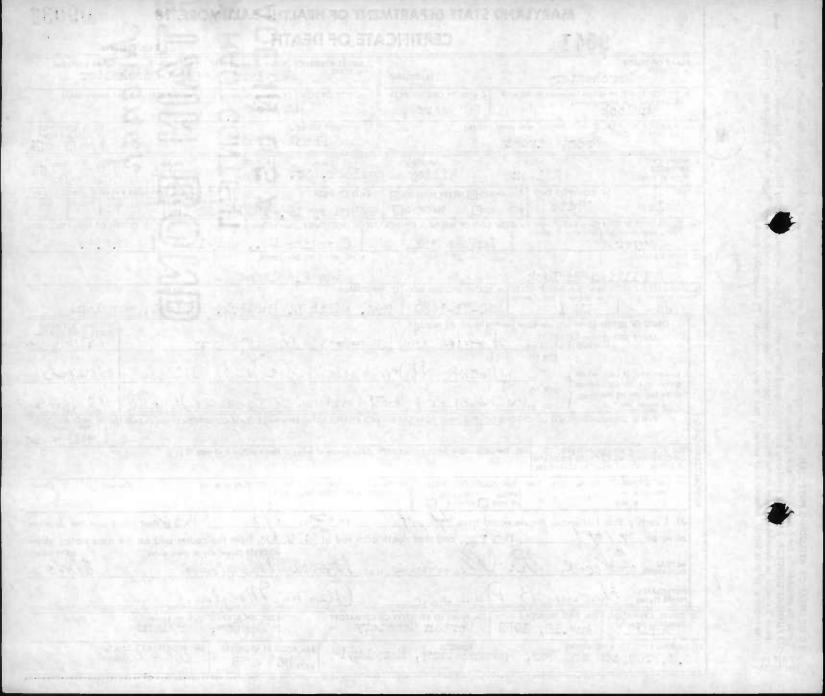
								Key. Dist	. 110.	
1. PLACE OF DEATH o. COUNTY Do:	rchester		MAR	YLAND	2. USUAL RESIDENCE (W a. STATE Ma.	here deceased ryland	l lived. If institution b. COUNTY	Dorch	e before odm Lester	ission)
b. CITY OR TOWN RURAL and give n		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpor Lock	rate limits, write R	URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	Front Str		address)		d. STREET ADDRESS Front	Street		2 81	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fin Milt		Wille:		urlock, Sr.	4. DATE OF DEATH	Augu		7 Day	Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRI		_	DATE OF BIRTH February 19.	100	9. AGE (In years last birthday) 62 yrs.		YEAR IF UN Days Hour	
10a. USUAL OCCUPATE during most of wor Saviver	rking life, even if refired)		sumber Mil		RY 11. BIRTHPLACE (Stole Caroline				J.S.A.	AT COUNTRY
13. FATHER'S NAME			John Dot 1122		14. MOTHER'S MAIDEN		ca j icisa		O D O M O	
Will	iam Hurlock				Ida F. B	lades				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. IN	FORMANT	20000	Addi	ress		
Yes	WW I	27	20-01-1420	Mr	s. Edith L.	Hurloc	k. Hurlo	ck. Ma	ryland	1
	ATH [Enter anly ane car ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per lin	e far (a), (b), and (c)	) 1	enon 15	wh.	رودا			BETWEEN D DEATH-
Canditions, if a		CI	pronic Al	len	10 Sclender	De.	+ Disc	erf.	100	CAN
cause (a), staling lying cause last.	the under- DUE TO	Ger	ilre fre Cel	Short	Ennelmon	E Ess	erter Hy	palaj:	12	eirs
PART II. OT	HER SIGNIFICANT COND	oitions <u>c</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION ON	EN IN PART		ORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED.	(Enter nature of injury in	Part I ar Part	It of item 18.)			
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yea	r 20d. IN While at wark	Nat while	20e. PLAC	CE OF INJURY (Hame, formary, street, affice bldg., etc	n, 20f. (City	or tawn)	(Co	sunty)	(State)
21. I certify th	hat I attended the	decease	ed from	4	, 19 58, to	8/7	, 19 5	that I lo	est saw the	decease
alive on 7	141.	, 195		death o	occurred at 5:30					
ACTUAL SIGNATURE	Hung O	3. (	Rum	<u>.</u> "	· Prestry		lowel			SATE SIGNED
PHYSICIAN'S NAME (Type)	Huroly S.	3. F	l'un me og		Pres hu	Mor	floud.			
220. BURIAL, CREMATIC REMOVAL (Specify	Aug .12,	1958	Denton (			Dente	on, Mary	land	(Ste	ate)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	3.6	240. REC	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 page 3 should be detoched for use os the buriol-transit permit. Then please remove carban the registror priar to burial, cremation, or remaval, ond in any event within 72 hours offer d may be retained by the haspingl page 3 should be detoched VS A15 (4) 15M 10/57

J.J. Framptom and Son, Federal Sburg, Maryland

DATAUG 1 4 '58

anthun S. Dance



VS A15 (4) 15M 9/S5

M

6

1	1 .61	MARYI	AND	STATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8		60	135
	Ling	903	0	CERTI	FICA	ATE OF D	DEATH			Reg. D	ist. No.	000	100
1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere deceased	lived. If instituti	on: Reside	nce befor	e odmissi	ion)
L	Dor	chester Co		MARY	LAND		vland		b. COUNTY	Dorch	neste	r Co	
1	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi grest town)	ts, write	c. LENGTH OF STAY	IN 1b	2c. CITY OR	TOWN (IF or	utside corpor	rote limits, write R	URAL ond	give nea	rest town	)
	Cambri de	e		34 years	5	Cambir		Id.					
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS					IS RES	DENCE FARM?
	lambridge N		1,				245 R	ce St	•			YES [	NO
3.	NAME OF DECEASED	Fir	st	Middle		los	it	4. DATE OF	Mor	th	Day	, 1	Yeor
	(Type or print)	Joh	1	M.		Jame		DEATH	8		30		19 58
S.	SEX	6. COLOR OR RACE		NEVER MARRI			known		9. AGE (In years lost birthday)	IF UNDE Months	R I YEAR	Hours	R 24 HRS.
	Mm	White	WIDOWI			1889 Day		ountl					
100	during most of work	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPL	ACE (Stole	or foreign co	untry)	12. CI	TIZEN OI	F WHAT	COUNTRY?
	Laboring		L	boring			t Know			1	J.S.A		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Not Known						ot Kno	own.					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT			Add	ress			
	Not Known	NO.		Not Known.		Mrs Joh	n N.	Jones,	245 Rac	e St	Can	bric	lge Md.
	18. CAUSE OF DEA	TH [Enter only one co	use per lir									RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	CA	RDIOL	AS	SCULA	is k	EN	AL D	1SE	ASE	ET AND	VOT
	4421	DUE TO										KA	LOWA
	Conditions, if or	y, which ) (b)	,									, , , ,	
	gove rise to in couse (o), stoting t	mediote (											
	lying couse lost.	(c)	)		3.3						10		
NO	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 15	. WAS A	NUTOPSY
Y												YES T	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature o	f injury in P	ort I or Port	II of item 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH											
7	20c. TIME OF INJURY	Month, Day, Yes	or 20d. In	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form,	20f. (City	or town)		(County)		(State)
MEDICAL	Hour o. m.	19	While of warl	Not while of work	foo	ctary, street, office	e bldg., etc.						
~				- 0	كالم	G- 1050	1. 2	0 4	1 G 195	0	, .		
	1 2	at I attended the											
	alive an	4-	., 19	g_, and that	death	accurred at			the causes o		the dat	e state	d abave.
	ACTUAL	to Stand	> (	8	9	5/0	-	4UR		store)	7	25	TE SIGNED
	SIGNATURE	1-002	2.	June	X	M.D.	2	700	17 31			3/2	F130
	PHYSICIAN'S	ALTER	E	CUNIXY	11	DC	400	20	1061			1	2
-	NAME (Type)			5 - 1139		1	') / ' /	- 4				-	L,
220	REMOVAL (Specify)	N, 22b. DATE THEREO	r	22c. NAME OF CEM				15	ION (City, town,			(Stote	t)
_	Burial	19/1/58		East New	w Ma	rket.			New Mar			rland	1.
23.	FUNERAL DIRECTOR'S			ADDRESS	36.	أدميم العام		BY-REGIST	- 0		0 10		
Le	e Compte Fi	meral Sem	rice,	Cambridge,	Mar	Land.	DATE S	EP3	58	lithun	a. 100	W/di-	

	HTA3G 30 ST			
Adjust the district the second			.00	
	,		Cont. 2000 Letter (1), soon	
	odes Site			
		Daniel Halland		*
• v •	model delication			
	The same of the sa			0
ę				Maria A.
BUTTON CO	3 - 74400J	Spirit Car		estrates re-
	Q - 1 //4±00	an Chician		
				Company of the control of the contro
				ALPER ATTENDED

0

		9942		CERTIF	ICA	TE OF DEAT	ГН		Reg. Dist		9036
1,	PLACE OF DEATH	Dorches	er	MARYLA		2. USUAL RESIDENCE (Va. STATE	where deced			before odmic	
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limits crest (own) Cambrid		c. LENGTH OF STAY IN 9/14/55	l lb	c. CITY OR TOWN (I	If outside cor		URAL and gi	ve nearest tow	n)
	d, name of hospital or institution Eas	stern Sho	e street	oddress) State Hosp	ita	d. STREET ADDRESS R.	D.# 5	Hudson	n Dri	ON.	SIDENCE A FARM? NO X
	NAME OF DECEASED (Type or print)	First RAC		ELEAN		KELLEY	4. DATE OF DEAT	ATTOT		9th	Year 19 58
	Female	Tills & A. a.	7. MARR	DIVORCED	_	DATE OF BIRTH Sept.4,18	380	9. AGE (In years last birthdoy) yrs.		YEAR IF UND Days Hours	7
	USUAL OCCUPATION during most of working to working the state of working the state of working the state of working the state of the stat	ng life, even if retired)	10b.	KIND OF BUSINESS OR	INDUST		Bourg	, Marylan	_	U S A	I COUNTRY?
1S. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORCE types, give war or dates of ser		SOCIAL SECURITY NO.	Mr.	Walter F.	Kell		er) R. rylan		Hudson
-	PART I. DEAT  4 20,0  Conditions, if an gove rise to im couse (a), stoting to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  y, which mediate he under:  (c)	Br Ge:	ne for (o), (b), and (c).] onchopneum neralized sease, sem	Art	eriosclei als years.	•			INTERVAL B	BUSAN TO THE STATE OF THE STATE
CERTIFICATION	PART II. OTHI Chronic 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	brain sy	ndr	OME ASSOC	iate	ed with se	enile	brain D	es Pay	Chot	AUTOPSY ORMED? NO
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Year	20d. II While at war	Nat while		E OF INJURY (Hame, for ry, street, office bldg., a	orm, 20f. (C etc.)	ity or tawn)	(Co	ionty)	(State)
	21. I certify the alive an	of I attended the 8/9 -Simular.Simmom	12_	58, and that d	L4 leath o	nccurred of 6:2	ADDRESS	9, 19_5 om the causes of (Street, city or town, e State	ind an the	9	deceased ded abave.
220	BURIAL, CREMATION REMOVAL (Specify)	Aug. 12, 1		Parsons		crematory netery		ATION (City, town, olisbury,		land	te)
_	FUNERAL DIRECTOR'S	SIGNATURE & COMPANY		ADDRESS SALISBURY	MAI	RYLAND JACK	T21	958 246. 856	TRAR'S SIGN	NATURE	rauss

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exequted within 24 hours after death. Page 4 may be retained by the ho VS A1S (4) 15M 9/55

HTARGROUND ST	ADBITRED CERTIFICA
Coleonia - Language	
condendation with the condendation of the cond	
	oficer's effect erods are the
. ale Tellou. In action	
	Common Green Stind Strate
Establish Maryland   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nw crain.
Adaliye Almoyal	wallen . Harlow
	The second secon
arineri natu kizeralespira	nomination of the state of the
and particular for the second of the State of the State of	TO We consider the property of the second se
	alianty meastless [ immunity
DESCRIPTION OF LICENSES	EVILLE Lug. 12,1958 Fursone Co

X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9031 CERTIFICATE OF DEATH Reg. Dist. No.
M	1. PLACE OF DEATH  a. COUNTY  ORCHESTER  MARYLAND  2. USUAL RESIDENCE (Where Secensed lived. If institution Relidence before admission)  b. COUNTY  b. COUNTY  b. COUNTY
	8. CITY OR TOWN (I outside corporate limits, write RURAL ond give nearest town)  RURAL ond give precises lowery  RURAL ond give precises lowery  RURAL ond give nearest town)
67	NAME OF HOSPITAL (If not in Aspital, give street oddress)  OR MSISTITUTION  ON A FARM?  YES NO
	3. NAME OF DECEASED (Type or print) HENNI First PAVMOND WILLIAM AND ATE OF DEATH A 22 1953
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED   8. DATE OF BIRTH 86 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Maried Nicolar Wildowed Divorced   1/7/886 9. AGE (In years African Doys Haurs Min.
death.	186 USUAL OCCUPATION (Give kind of warl dage 10b. KIND OF BUSINESS OR)INDUSTRY 11. BERTHHACE (Stole or foreign carrier) 12-CHOZIN OF WHAT COUNTRY OF WHAT COUN
	13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME -
T hours	16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) (It yes, give war or dates of service) (Yes, no. or unknown) (It yes, give war or dates of service)
t within 7	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
ny even	Conditions, if any, which ) (b)
and in a	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)
removal, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \sigma \) NO \( \sigma \)
, or ren	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)
emation	20c. TIME OF INJURY Manth, Day, Year Hour o. m.  19 While Not while at wark at
burial, cr	21. I certify that I attended the deceased from 19 to 2240G, 195 other I last saw the deceased alive on 2240G, 1956, and they death occurred at 11 P. M. from the causes and on the date stated above
0 0	ACTUAL Halle & Hunty Jam. D. ADDRESS (Street, city or town, stote) Z3AUG.
	PHYSICIAN'S WALTERE, GUNBYJR.
the registrar pr	286 DURIAL CREMAPION, 226 DATE THEREOF 22c. HAMP OF CEMETERY OF CREMATORY 22d, LOCATION (Gity, town, or country)
(4)	23. JUNERAL DIRECTOR'S SIGNATURE  ADDRESS 1 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE AUG 2 5 '58  Outland S. Kraus
BX.	

- 3/1

	HYAJU 10 IT	OCERTIFICA
and the second	Delivery Value	
	Table 1	
		The state of the s
The transfer	f i s s	
eressed manager		
	Y 20 3 3 5 5 5 5	AND THE PARTY OF T
The first was the 140ml of the 1840's fell to 140ml block and an Even and the 20ml of 1840	Bullion State of the light	
NA, Z.		CANADA TO AND AND MARKET
		and the second s

death.

TE OF DEATH	ADFITTED		
The second secon			
TO THE RESERVE OF THE PERSON O		The stable	
	Dept. for the State of State of Co.		
warming training of		Landi havi juni	Contraction .
And the property of the proper		THIRD.	
	of Engineer Tellar		
	gener conta		
The same of the sa			
ment of the management			
representation of the last comments of the last com			
e (nombre		Table Transfer	
All Services		Table Transfer	
e (nombre	(translation of rending (80) - I make ry no 1 de translation e de translation no 1 de translation de translation de	The state of the s	
All particles  directly of 1978 to an extension of the control of			
Alt parties of the second seco			
Alt particular of the state of			
Alt parcello  Al			
All parties of the property of			

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10131

FOR ST	TATE		3033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. N	lo.
HEALTH DEPT.		1.	PLACE OF DEATH o. COUNTY Dorchester  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence because on the state of the st	
ssary, pleasector. Pageyour files.	M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give cambridge  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give cambridge)  All life /3 Cambridge	
ol direction	92		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Dorchester County Jail  d. STREET ADDRESS  203 Peach Blossom Ave.	e. IS RESIDENCE ON A FARM? YES NO X
delay refuner retaine e State		3.	NAME OF DECEASED Vernon W. Potter August 1	y Yeor .0 19 58
3 to the many be with the			SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Male  White WIDOWED DIVORCED 11/2/13  194 yrs.  194 yrs.  195 Months Doys	R IF UNDER 24 HRS. Hours Min.
Po Po I and 2 in 72 ho		100	during most of washing life away if raticall	OF WHAT COUNTRY?
Poges Pages Pages		13	3. FATHER'S NAME EVerett Potter Hattie Hurst	
in 24 ha Give Filh form 1. File			5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes U.S. Army ? Agnes Potter Cambridge M.	d.
THE PERSON			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	TERVAL BETWEEN
Igne gar			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure	9
of a line			902.7 DUE TO	
exe cil i offic tra	V		Maltinlo-notochio ha in the	0
s on s			gove rise to immediate cause	
in i			(c), stoling the underlying (course lost. Subluxation cervical vertebrae	2 hrs.
sha as as tion		7		19. WAS AUTOPSY
cate endi	2	CERTIFICATION		YES NO
dico dico		I E	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 10.)  Jumped from one jail cell block to enother.	
Me Me			0 4	fell.
hie hief	-	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
NE DE LO	09	MED	8 AMp. m. 8/10/5819 White of work of work at Jail Cambridge Dor.	. Md.
M. Doi	1000		21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry	, "and in my
AL EX.			opinion death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined mann	ner 🗌
AEDIC certific certific forwer forwer birked			ACTUAL SIGNATURE  M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER	DATE SIGNED
the the	2		examiner's John Mace Jr. DEPUTY MEDICAL EXAMINER 1	/19/58
Hour Hour its		22	20. BURIAL CREMATION, 127b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, fown, or county)	(State)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		Burial 8/12/58 Dor. Memorial Park Cambridge. Md.	
VS. A15ME	90	23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATI	URE
5M 2/57	V		Le Compte Funeral Service, Cambridge, Md. 2'58 Outling & Konne	4

CONT.	
	THE STAR STANDAL EXAMINER'S CERTIFICATE OF DEATH
•	
	the first control of the control of
	the second secon
,	
THE LOS	ATT AT ALL AS

4	TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and pletely filled in by the funeral director page 3 should be detached on so as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
*00g	irect.
th.	rol d
de de	fune old b
offe	the 2 sho
Sours	in by
24 1	lled s l
rithin	Pog
bed v	polet.
xeco	S to
o e e	ou u
cote	sicion ve co
ertifi	phy remo
oth o	nding sose hin 7
e de	offer ple
t to	The even
es #	rmit.
equi.	sign it pe
ow r	trans
The I	hos uriol-
AN:	he b
SICL	certif os t tion,
PHY to lot	this or use
OING	Ol.
TENE	DR:
A AT	ECT be de
AL O	Puld or pri
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the losbated or attending physician.	O FUNERAL DIRECTOR: This certificate has been signed by the attending physician and page 3 should be detached at use as the burial-transit permit. Then please remove carban page the registrar prior to burial, crematian, or removal, and in any event within 72 hours affer death.
HO	FUN Pe re
0	0

1. PLACE OF DEATH O. COUNTY Orchester MARYLAND	Maryland Dorchester									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge										
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO									
3. NAME OF First Middle OF STATE OF STA	Lost 4. DATE Month Doy Yeor OF DEATH Aug 25 1969									
6. COLOR OR RACE 7. MARRIED NEVER MARRIED    emale White WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 Hrs.  Dec 29 1877  80 yrs.  By AGE (In years left UNDER 1 YEAR IF UNDER 24 Hrs.  Months Doys Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Housewife Home  13. FATHER'S NAME	Lakesville Maryland   U.S.A.									
John H. Booze	Mary L. Wells									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service)  No None None	Mrs Wiley Slacum Cambridge Md.									
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO	eft leg Interval Between ONSET AND DEATH									
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.	erosis Years									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIOBETES MEllitus	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO									
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   CAUSE OF DEATH									
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the following of work of work of work of work of the following of the followi	ACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (Stote)									
21. I certify that I attended the deceased from Telly alive on Sept 2.5, 1950, and that death	21. I certify that I attended the deceased from Tuly 1, 1958, to Sept 25, 1958, that I last saw the deceased									
ACTUAL SIGNATURE SUNS Mr Burdette	M.D. / LOCUST DATE SIGNED									
PHYSICIAN'S Lewis MT. Burdette	Combrage, Mc									
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Aug. 27, 1958 Dorchester 1	PR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Mem. Cemetery Cambridge Maryland									
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service Cambridge	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									

TO THE PARTY OF TH The state of the s 

I

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ę.								Reg. [	Dist. No	).			
PLACE OF DEATH	Dorchester		MARYL		o. STATE Mary	Where decease	ed lived. If institu	V 800		fore odm			
and give nearest town	f outside corporate limits, write	_	c. LENGTH OF STAY IN	1 1b	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rhodesdale - Rural								
	or institution (if orkran Farm	nat in hosp	pital, give street address)		d. STREET ADDRESS					ON	ESIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	First W1111	Lam	Middle Levin		Stanley	4. DATE OF DEATH	Monti		Doy 30	Y	reor 9 58		
5. SEX Male		MARRIE	D NEVER MARRIED		ATE OF BIRTH	1910	9. AGE (In years fast birthday) 48 yrs.	IF UNDER	Days	IF UND	ER 24 HRS Min.		
10a. USUAL OCCUPATION during most of working Farm La	ON (Give kind of work doing life, even if retired)  borer	one 10b. K	IND OF BUSINESS OR IN	IDUSTRY	Dorcheste	0			U.S.		COUNTRY		
13. FATHER'S NAME Will	iam S. Stanl	Ley		1	4. MOTHER'S MAIDEN Minnie I		ck						
15. WAS DECEASED EV (Yes, no, or unknown) No	ER IN U. S. ARMED FORG	rvice)	SOCIAL SECURITY NO. 14-32-5932		ora Stanley	Rhod	Address esdale,	Maryl	and				
Canditions, if a gave rise to immedial, stating the cause last.	diate cause underlying DUE TO		Coronary o							nst			
PART II. OTH	JSE WAS NTRIBUTING (20b.		HOW INJURY OCCURRI					EN IN PAI		PERFO	AUTOPSY PRMED? NO T		
20c, TIME OF INJUI	RY Month, Day, Year	While	NJURY OCCURRED   20e.	PLACE	OF INJURY (Home, for, street, office bldg., etc	m, 20f. (City	or town)	(Co	uniy)		(State)		
	ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER												
NAME (Type)  220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 22b. DATE THEREOF		r., M.D. 22c. NAME OF CEMETER Washington				ION (City, town, e	or county)	30-5 ryla	(Stote	•)		
						D BY REGISTR	AR 24b. REGIS		GNATUI	E			

	drum - africaco							
	Vertical Color, in grammer							
	Doz observación de la companya de la							
	2.20 3.40		and transmission of the far					
in the	is a full wall system that it							
50-08-6	The second section (1998)							
	September 1986							
			there are her made					

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

23.45

09041

	9044		CERTIF	ICA.	TE OF DEAT	TH		Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY	orchester		MARYLA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester					
b. CITY OR TOWN (I	f outside corporate lime carest town Rural		LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (	If autside corpo		RURAL and gi	ve nearest tax	vn)
d. NAME OF HOSPIT OR INSTITUTION	Al (If not in haspital, g	give street addi	ress)		d. STREET ADDRESS Near	Elwood	l	He w	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Dore		Middle	,	weeting	4. DATE OF DEATH		onth Igust	Day 13	Yeor 19 58
Female	Negro	WIDOWED [			DATE OF BIRTH Tebruary 27		9. AGE (In year last birthday 84 years)	Months [	YEAR IF UNI	DER 24 IHRS.
Housewo:	ing life, even if refired		D OF BUSINESS OR	INDUSTR	Dorchest	C:	R/i -		S.A.	T COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			31111	
Aaron	Johns				Edna Tr	ruxson				
S. WAS DECEASED EVE			IAL SECURITY NO.	17. INF	DRMANT		A	ddress		
Yes, no, or unknown)	(If yes, give war or dates of s	U	nknown	Ali	red H. Joh	ns. Pre	ston. M	aryland	R.F.	D.
	mmediate (	Ay	pertermina usliged	- lu	rediae Teriosole teriosole	decon voter	Heart	Dises	INTERVAL E	
PART II. OTH	IER SIGNIFICANT CON				OT RELATED TO THE TER			IVEN IN PART	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	HOW INJURY OCC	URRED. (	Enter nature of injury i	n Part I ar Port	Il of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	20d. INJUR While at work	Y OCCURRED 26 Not while of work	PLACE foctor	OF INJURY IHome, fa y, street, office bldg., e	orm, 20f. (City	or tawn)	(Co	unly)	(State)
21. I certify that I attended the deceased from 16-10, 1947, to 8-13, 1958, that I last saw the deceased alive on 1956, and that death occurred at 3:20 AM, from the causes and on the date stated above.  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. PRESTOR M.D. PRESTOR M.D. 8/14/5										
PHYSICIAN'S NAME (Type)	R.H.B.	Pen	mer		Pres		m	Ĺ,		//- <u>-</u>
20. BURIAL, CREMATION REMOVAL (Specify) Burial	Aug. 16,		Johns Cem			Nea:	r Prest	on, Mar	yland	ite)
3. FUNERAL DIRECTOR:	om and Son	, Feder	alsburg,	Mary!	Lana	C'D BY REGISTE		SISTRAR'S SIGN		

VS A15 (4) 1SM 10/S7

7 / 1 TOTAL STATE OF THE PARTY OF THE and P. Co. Brightness grant out automorphists. The state of the s The second place of the second Make and the property of the control 

VS A15 (4) 15M 9/55 H

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
--	---

MA

CERTIFICATE OF DEATH

840(45)			Reg. Dist	. No.
1. PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	l lived. If institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)     rural Cam bridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and giv	-
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Eastern Shore State Hosp:		d. STREET ADDRESS	ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Way or d	Middle	Lost 4. DATE OF DEATH	Manth	Day Year 30 1958
WIDOWE		B. DATE OF BIRTH JUNE 10 1915	9. AGE (In years In UNDER 1 last birthday) Manths D	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign ca	untry) 12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME  JOHN Wagner		14. MOTHER'S MAIDEN NAME	knard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT Eastern Shore State	Address Hospital reco	rds
1B. CAUSE OF DEATH [Enter onl) one cause per lin  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	e for (a), (b), and (c).]	1 Harmon	-rhage	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C				1(o) 19. WAS AUTOPSY PERFORMED? YES NO Y
	UURY OCCURRED 20e. Pl	D. (Enter nature of injury in Part I or Part  ACE OF INJURY (Home, farm, 20f. (City ctary, street, office bldg., etc.)		unty) (State)
21. I certify that I attended the decease alive on Aug 30, 195  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Thomas J. Dredge		occurred at 955 P.M. fram	19.58, that I land the causes and an the causes and an the cost, city or lown, state)	ist saw the decease date stated above DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	CREMATORY Cry 22d. LOCATI	ION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Manime A. Newman J.	Somess Fasto	DATE SEP 3 '58	Car.	NATURE

	ADFIGNED.	
Jan Sant Stan		
		AND ME
		ACCOUNT NAME OF STREET
CHARLES OF THE PARTY OF THE PAR		

-

EXAMINER:

DEPUTY MEDICAL

1 Roccoud A.R. D. Mospient, Cambridge avertical seinmeters Ch. Drain syminos, Heathe Drain of Loanes. the and one to Lion with diffe bed in the order of the country Committee of the Commit

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9035	CERTIFICATE OF DEATH	

09044

	~ 0 <b>u</b> u		CERTIFI	CA	TE OF DE	AII			Reg. D	ist. No.	-	
1. PLACE OF DEATH  o. COUNTY  Dorche	ester Co		MARYLAI	ND	2. USUAL RESIDEN	NCE (WI		d lived. If instituti b. COUNTY	_	nce befor		
	(If autside corporate limit	, write	c. LENGTH OF STAY IN	1b		21		rate limits, write R				
	PITAL (If not in hospital, gi				Cambri						. IS RE	SIDENCE FARM?
Cambridge	e Maryland He	ospit	al		216 Acade	emy	St.				-	NO X
3. NAME OF DECEASED (Type or print)	Firs		Middle	T <sub>e</sub> Th	leel er.		4. DATE OF DEATH	Mar	nth	Do:	y	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED		DATE OF BIRTH	201	the same	9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS.
100. USUAL OCCUPAT	ION (Give kind of work darking life, even if retired)				TRY 11. BIRTHPLAC	E (State	or foreign c	7) yrs.	12. C	ITIZEN O	F WHA	COUNTRY
Waterman		Wa	terman		Mary					U.S.	A	
	T T T T T T T T T T T T T T T T T T T				14. MOTHER'S MA							
	OMAS H. Whee VER IN U. S. ARMED FORCE    (If yes, give wor or dotes of ser	ES? 16. S	OCIAL SECURITY NO.	17. IN	Margar	cet	Lowry.	Add	ress			Md.
NO.	NO_		nknown.		Mrs. Rufi	is W	heeler	- 276 A	cader	nv St	-	ambri
Conditions, if gave rise to cause (a), stating lying cause last	g the under-		with i	n	Fort	0-						
PART II. O  20a. ACCIDENT V  OR CONTRIBUTION  (IF EITHER, NOTIF	THER SIGNIFICANT COND	itions <u>co</u>	ONTRIBUTING TO DEATH	BUTN	NOT RELATED TO TH	ie Termi	INAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(a) 15	PERFO	PRMEDZ
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	Юb. DESCI	RIBE HOW INJURY OCCU	JRRED.	. (Enter nature af in	jury in l	Part I ar Part	II af item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	. 10	20d. IN. While at work	Not while	fock	CE OF INJURY (Har ary, street, affice bl	ne, farm dg., etc	20f. (City	or lawn)		(Caunty)		(State)
	that I attended the	decease	X	2	, 1958,	ta	8/26					decease
alive on	11 200	, 193	and that de	ath	accurred at/		M, fran ADDRESS (Si	the causes o	and on stote)	the dat		ed abave
SIGNATURE		10	iks/	м	I.D. 104	- 1	000	4457			8/	29/5
PHYSICIAN'S NAME (Type)	W. H. H.	41	IKS		CAR	10	3 R 1	DEE	1	TAR	YL	fu)
220. BURIAL, CREMATI REMOVAL (Specif			22c. NAME OF CEMETER					ION (City, town,			(Stat	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		Cambridge (		24	lo. REC'	D BY REGIST	ridge, RAR 24b. REGI		W an		
Le Compt	te Funeral Se	rvic	e Cambridge	, M	d. D	ATESE	P2 '5	8 an	Thur &	Krau	A	

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH and the second section of the 

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	U	U	*	
_	Dist	Ma				

FOR S	H DEPT.
necessory, please I director. Page far your files.	M)

retoined far your State Board of

along with farm mit-File

peri

State death.

PLACE OF DEATH a. COUNTY

Dorchester -Tolbot MARYLAND

2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) Marvland

b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b Chootank River

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

First

d. STREET ADDRESS

2 Ross Court

4. DATE

e. IS RESIDENCE ON A FARM? YES NO TO

Yeor

60615

(Type or print)	Elme				
. SEX	6. COLOR OR RA				
Male	White				

William 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH

Wyatt

OF DEATH Aug. 10, 1958 9. AGE (In years

Month

19 IF UNDER TYEAR IF UNDER 24 HRS. Hours Months Min.

NAME OF

WIDOWED [ DIVORCED |

Middle

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
City Disposal Plant employee Sharptown, Md.

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.

INTERVAL BETWEEN

Instant

13. FATHER'S NAME

Thomas Wvatt

Elizabeth Cooper

b. COUNTY Dorchester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Betty M. Wyatt, 2 Ross Court, Cambridge, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

Drowning

DUE TO

Canditions, if any, which gave rise to immediate cause

DUE TO (a), stating the underlying couse last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOX

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of Item 18.)

in motor boat which overturned. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

20c. TIME OF INJURY 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection .

Month, Doy, Year Not while at wark of work

foctory, street, office bldg., etc.) Choptank river Cambridge.

(Stole) Md. Dor.

and in my

DATE SIGNED

(Stole)

opinion deoth resulted from: Natural causes 🗍 Accident 🛣 Suicide 🗍 Hamicide 🗍 Undetermined manner 🗍

Inquiry |

ACTUAL SIGNATURE Dr. John Mace Jr.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lown, or county)

Dorchester Memorial Park Cambridge .Md. 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Thous

should be farword FUNERAL DIRECTO 0

VS. A15ME 5M 2/57

